U.S. Department of Veterans Affairs

Clinical Considerations for Intimate Partner Violence in the COVID-19 Era

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POSTTRAUMATIC STRESS DISORDER

MEDIA COVERAGE OF IPV IN COVID-19 ERA

THE INTERPRETER

A New Covid-19 Crisis: Domestic Abuse Rises Worldwide

Movement restrictions aimed to stop the spread of the coronavirus may be making violence in homes more frequent, more severe and more dangerous.

THE CORONAVIRUS CRISIS

Global Lockdowns Resulting In 'Horrifying Surge' In Domestic Violence, U.N. Warns

April 6, 2020 · 4:36 AM ET

SCOTT NEUMAN

KTUU

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Home / Community / Article

Alaska domestic violence calls increase during COVID-19, fear of isolation rises

Domestic violence during coronavirus pandemic: 3 deadly incidents on Memorial Day weekend

Authorities are investigating what they say are three deadly domestic violence incidents in three days.

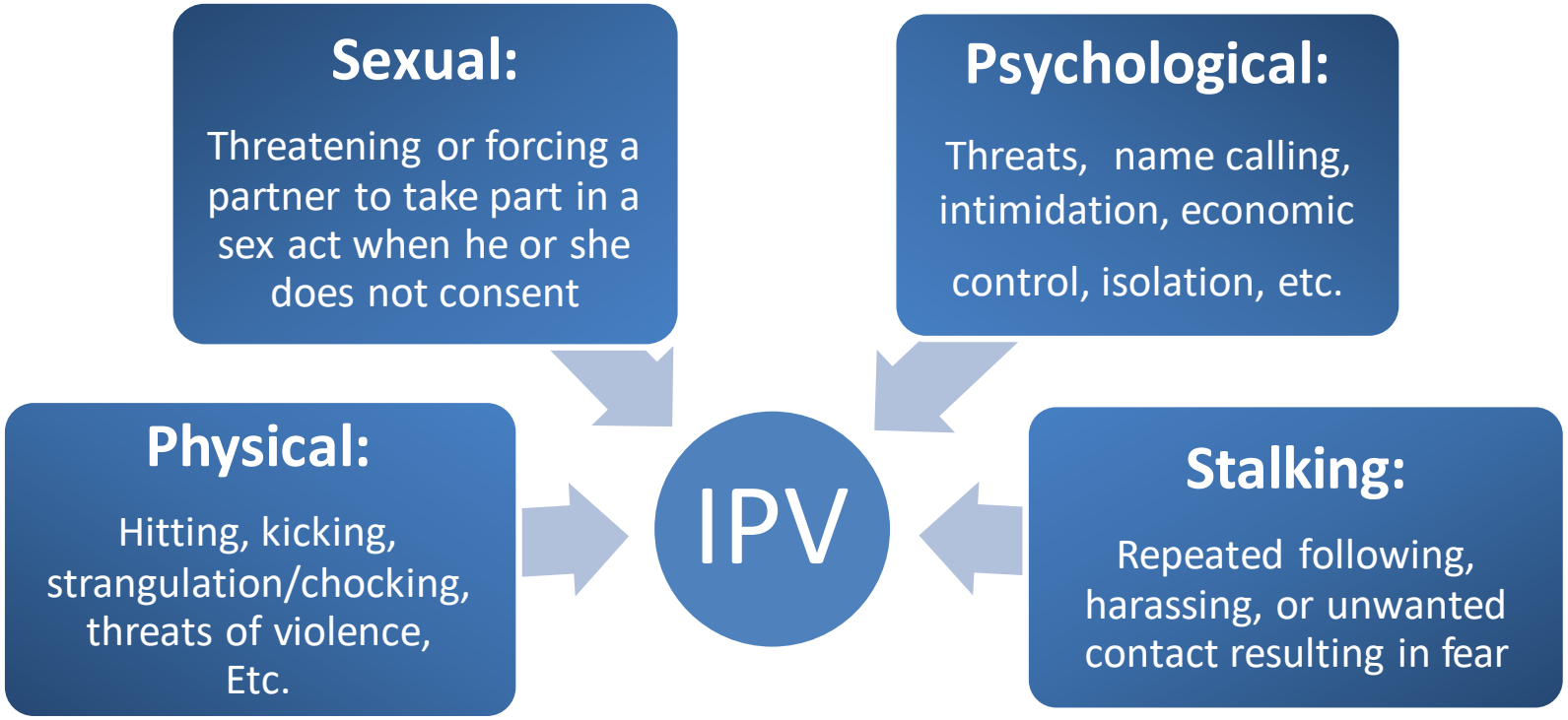
OVERVIEW OF WEBINAR

- Definitions, IPV dynamics, and prevalence
- IPV Risk factors and health correlates
- Guiding clinical principles
  - Trauma-informed approach
- Evidence-based clinical roadmap
  - Screening and case identification
  - Assessment
  - Intervention strategies
- Resources

Unique considerations in the COVID-19 era will be addressed throughout the webinar

IPV DEFINITIONS

Physical violence, sexual violence, stalking or psychological aggression (including coercive acts) from a past or current intimate partner (CDC)



COVID-19 SPECIFIC IPV DYNAMICS

Individuals are experiencing loss of normal support system, childcare, and contact with others who could notice IPV and/or express concern

Amidst the COVID-19 pandemic, partners may:

- Withhold necessary items (e.g., hand sanitizer, soap, cleaning supplies)
- Share misinformation about the pandemic to control or frighten
- Prevent partners from seeking medical attention if they have COVID-19 symptoms or other acute and chronic illnesses
- Escalate control and isolation tactics (e.g., use COVID-19 as a scare tactic to prevent a partner from seeing their kids, accuse the partner of trying to infect them with COVID-19 for assisting or visiting family members or friends)
- Escalate control by either requiring or preventing a partner from conducting essential activities outside of the home

PATHWAYS LINKING PUBLIC HEALTH CRISES & IPV

- Economic insecurity and poverty-related stress
- Quarantines and social isolation
- Reduced health service availability and access to first responders
- Inability or limited options to temporarily escape abusive situations
- Disease-specific sources of coercive behaviors by abusive partners

Peterman et al. 2020. Pandemics and Violence Against Women and Children.

How common is IPV?

What are the health correlates of IPV?

IPV PREVALENCE

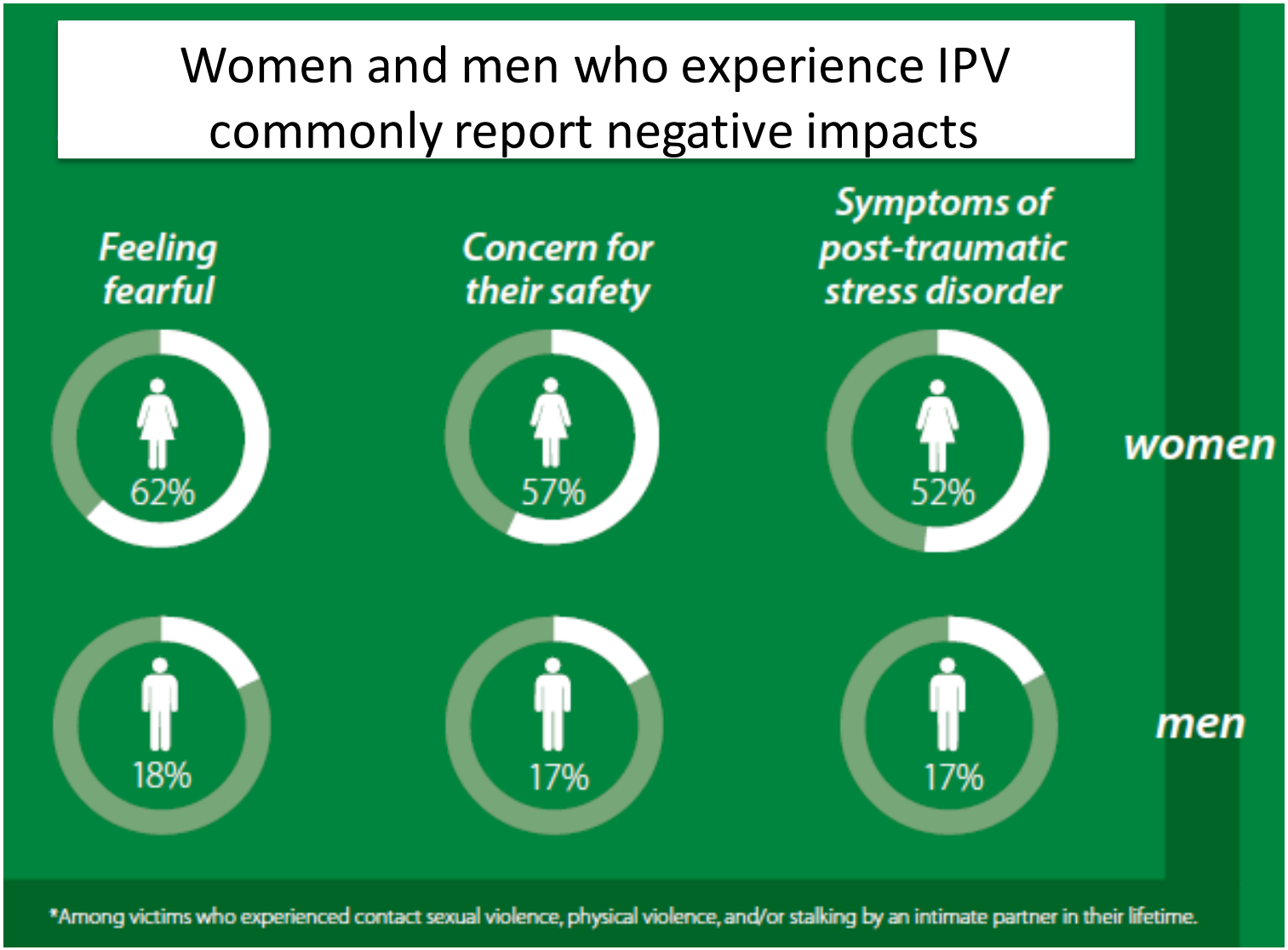
COVID-19 considerations:

- *In the wake of disasters, the rate and severity of abuse can increase*

- Up to 50% when psychological abuse is considered
- We are treating individuals experiencing IPV whether we know it or not

CORRELATES OF IPV

Women and men who experience IPV commonly report negative impacts



IPV AND MENTAL HEALTH

- For women and men, experience of IPV is associated with:
  - PTSD
  - Depression
  - Anxiety
  - Alcohol use disorders
  - Substance use disorders
- Such symptoms and conditions can exacerbate IPV and increase risk for future IPV
  - Effective treatment of mental health symptoms may help reduce risk

What are the risk factors for IPV?

INDIVIDUAL RISK FACTORS FOR IPV USE

- **Low self-esteem**
- **Low income**
- Low academic achievement
- Low verbal IQ
- Young age
- Pregnancy
- **Unemployment**
- Aggressive or delinquent behavior
- **Heavy alcohol and drug use**
- **Depression and suicide attempts**
- **Anger and hostility**
- Lack of non-violent social problem-solving skills
- **Poor behavioral control/impulsiveness**
- Prior history of being physically abusive
- **Having few friends and being isolated**
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Hostility towards women
- Attitudes accepting or justifying IPV
- Experience of physical or psychological abuse
- Witnessing IPV between parents as a child
- History of experiencing physical discipline as a child

Clinicians can use this list, and the ones on the next slides, to review their caseloads to identify clients who may high risk for IPV during COVID-19

Note: Risk factors of particular salience during COVID-19 are bolded

OTHER RISK FACTORS FOR IPV

Relationship Factors

- **Marital conflict-fights, tension, and other struggles**
- Jealousy, possessiveness, and negative emotion within an intimate relationship
- Marital instability-divorces or separations
- Dominance and control of the relationship by one partner over the other
- **Economic stress**
- Unhealthy family relationships and interactions
- Parents with less than a high-school education
- **Social isolation/lack of social support**

Community Factors

- **Poverty and associated factors (e.g., overcrowding, high unemployment rates)**
- Low social capital-lack of institutions, relationships, and norms that shape a community's social interactions
- Poor neighborhood support and cohesion
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)
- **High availability of alcohol in the area where someone resides**

Note: Risk factors of particular salience during COVID-19 are bolded

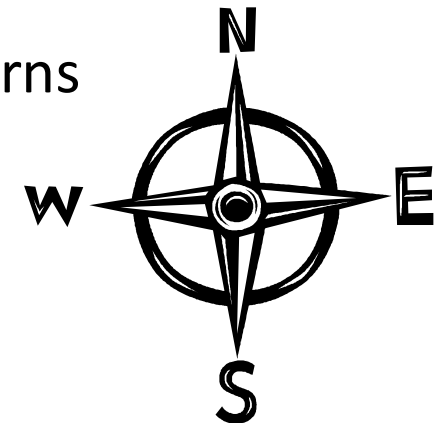
IPV RISK FACTORS UNIQUE TO COVID-19

- **Heightened economic distress**
  - Loss of income and/or employment
- **Heightened emotional distress**
  - Depression/anxiety/suicidality/substance abuse
  - Loss of childcare and school supports
- **More opportunities for relationship conflict**
  - More time spent together, boundary conflicts
  - Disagreements about COVID-19 precautions
- **Loss of personal time, privacy, and self-care**
  - Telemedicine instead of face-to-face sessions
  - Less time for mental health support activities

What are the overarching principles for working with clients who may be experiencing IPV?

GUIDING CLINICAL PRINCIPLES

- It is not your job to "fix it"
- No single treatment modality will meet the needs of all individuals who experience IPV
- Your goals are to:
  - Address physical and emotional safety concerns
  - Educate about IPV and resources
  - Provide emotional support
  - Respect self-determination and choice
  - Help client examine their options
  - Maintain confidentiality within the confines of the law
  - Treat distress related to IPV and other issues
  - Enhance coping, emotion regulation and self-care skills



MAINTAINING A SUPPORTIVE STANCE

- Responsibility for IPV always belongs to the user of the aggression
  - Do not reinforce self-blame for IPV, but educate client about behaviors that can promote safety
- Do not impose your values on the client
  - Recognize there are cultural differences in perceptions of and thoughts about IPV
- Attempt to de-stigmatize IPV
  - Acknowledge and refute common misperceptions or societal attitudes about IPV

COMMON BARRIERS TO ADDRESSING IPV

- Not recognizing signs and symptoms
- Not routinely screening for IPV
- Assuming the client would disclose on their own
- Underestimating prevalence and impact of IPV
- Fear of 'blaming the victim'
- Lack of training and knowledge on best practices
- Self-perceptions of inadequacy
- Clinician's views and experiences

Potential Barriers Specific to COVID -19 Era:

- Clinician may postpone screening if COVID-19 seems to present more pressing challenges for the client
- In context of telehealth, client and clinician may face more barriers to addressing IPV in detail due to privacy concerns

EVIDENCE-BASED ROADMAP

NEG

Monitor for Risk Factors & Clinical Signs

Promote De-stigmatization of IPV

Re-screen Periodically

Initial Screening

COVID-19 considerations:
Safety considerations with virtual visits / Trauma-informed telehealth

POS

Detailed Assessment

Safety Planning

Educate & Support

Evaluate Options for Intervention

Provide Ongoing Support

Treatment for MH Correlates of IPV

How can clinicians effectively screen clients for IPV?

How can clinicians gather more information if IPV is disclosed?

TRAUMA-INFORMED CARE APPROACH

Applying TIC Principles to Screening, Assessment, Treatment, & Documentation Process

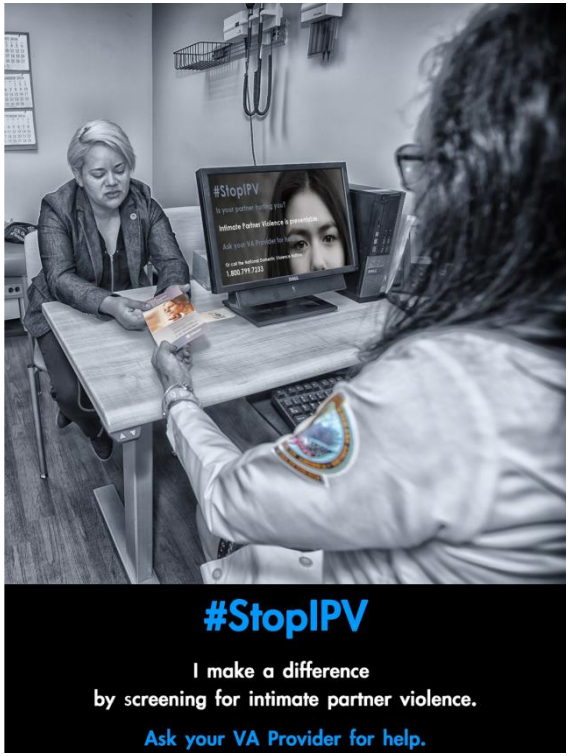
Safety
- Environment and timing
- Body language

Transparency
- Limits of confidentiality
- Purpose of screening

Choice
- Consent to screening
- Collaborative documentation

Documentation
- Avoid stigmatizing labels
- Discuss access to records

Intervention
- Resources readily available
- Patient directed actions (e.g., to stay or leave relationship)



TRAUMA-INFORMED TELEHEALTH

- Recommend clients find an appointment time and location/setting that gives them the most security/privacy for sessions
  - "Counseling in cars"; client may take a walk, connect from private office at work, etc.
  - 'Client-centered scheduling' enables privacy and safety for sessions
  - May require additional flexibility of therapist availability
- Recommend use of headphones to increase privacy
- Determine if the conditions are safe and appropriate for screening
  - Do not screen if a child older than age 2 years is present or another adult is present
  - Do not ask about intimate partner violence in front of the partner or if you are unsure whether a partner is nearby or could overhear
  - Using "yes" or "no" questions are a useful technique
- Consider developing code words with your clients so they can discretely let you know "I don't have privacy" and "I need immediate help"

For more telehealth considerations, see forthcoming article: Gerber, Elisseou, Sager, & Keith (in press). Trauma-informed telehealth in the COVID-19 era and beyond. *Federal Practitioner.*

IPV IDENTIFICATION

- **Do NOT Assume:**
  - A client will disclose IPV without prompting
  - A denial is accurate – IPV is often misunderstood and minimized
  - That screening early in treatment is sufficient – disclosure often requires a client to trust the clinician
- **Do:**
  - Make IPV screening a standard part of your practice
  - Ask screening questions in several different ways (i.e., multi-method assessment) at different points in time
  - De-stigmatize IPV to promote disclosure
    - Acknowledge societal stigma (especially for men)
    - Provide hypothetical examples
    - Avoid loaded terms such as “abuse” in favor of behaviorally-specific language
  - Monitor for clinical signs of IPV

SCREENING & CASE IDENTIFICATION

- Develop your own routine for screening that is comfortable for you and fits with your system
- Consider screening for current *and* past IPV
- Remember that individuals may still experience IPV after a relationship has ended
- Consider informed consent issues with respect to mandated reporting requirements
- Initial screening (new clients)
- Ongoing screening (existing clients)
- Privacy concerns and telehealth
  - Do no harm - If you can't assure privacy/environmental safety during a session, do not ask questions or discuss topics that may put clients at risk

SCREENING & ASSESSMENT TOOLS

- Assess level of violence and risk
  - Severity, injury, and fear
  - Danger Assessment (J. Campbell)
    - https://learn.nursing.jhu.edu/instruments-interventions/Danger%20Assessment/
- Assessment tools
  - Conflict Tactics Scales (CTS-2; Straus et al., 1996)
  - CDC website for free IPV screening tools:
    - https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf

COVID-19 Considerations:
For telehealth using a video platform, you may be able to use screen sharing to walk through assessments together *only if* you are certain of screen privacy

EVIDENCE-BASED SCREENING OPTIONS

PRIMARY SCREEN (EXAMPLE FROM VHA CARE)

Hurt, Insult, Threaten, Scream (HITS©) + *Sexual IPV item

Ask: In the past 12 months, how often did a current or former intimate partner (e.g., boyfriend, girlfriend, husband, wife, sexual partner):

Scream or curse at you	never	rarely	sometimes	often	frequently
Insult or talk down to you	never	rarely	sometimes	often	frequently
Threaten you with harm	never	rarely	sometimes	often	frequently
Physically hurt you	never	rarely	sometimes	often	frequently

*Sexual abuse/coercion item

Force or pressure you to have sexual contact against your will or when you were unable to say no	never	rarely	sometimes	often	frequently

If any form of IPV is endorsed – Ask follow-up questions; conduct additional assessment
If all forms of IPV are denied – Provide universal education

QUESTIONS FOR COVID-19 CONTEXT

- These precautions and lockdowns are causing lots of couples to experience more conflict than usual, and relationship stress and violence have increased. To what extent are you noticing anything like that in your relationship?
- Has your partner limited your access to COVID-19 protective gear or prevented you from seeking medical attention?
- Has your partner pressured or forced you to engage in behaviors or activities that you think are increasing your risk for COVID-19 exposure?
- Has your partner used COVID-19 as a reason for restricting your access to family, resources, money, or other needs?
- Has your partner used COVID-19 to threaten or intimidate you?

WHEN A CLIENT DISCLOSES IPV

Maintain a Supportive Stance

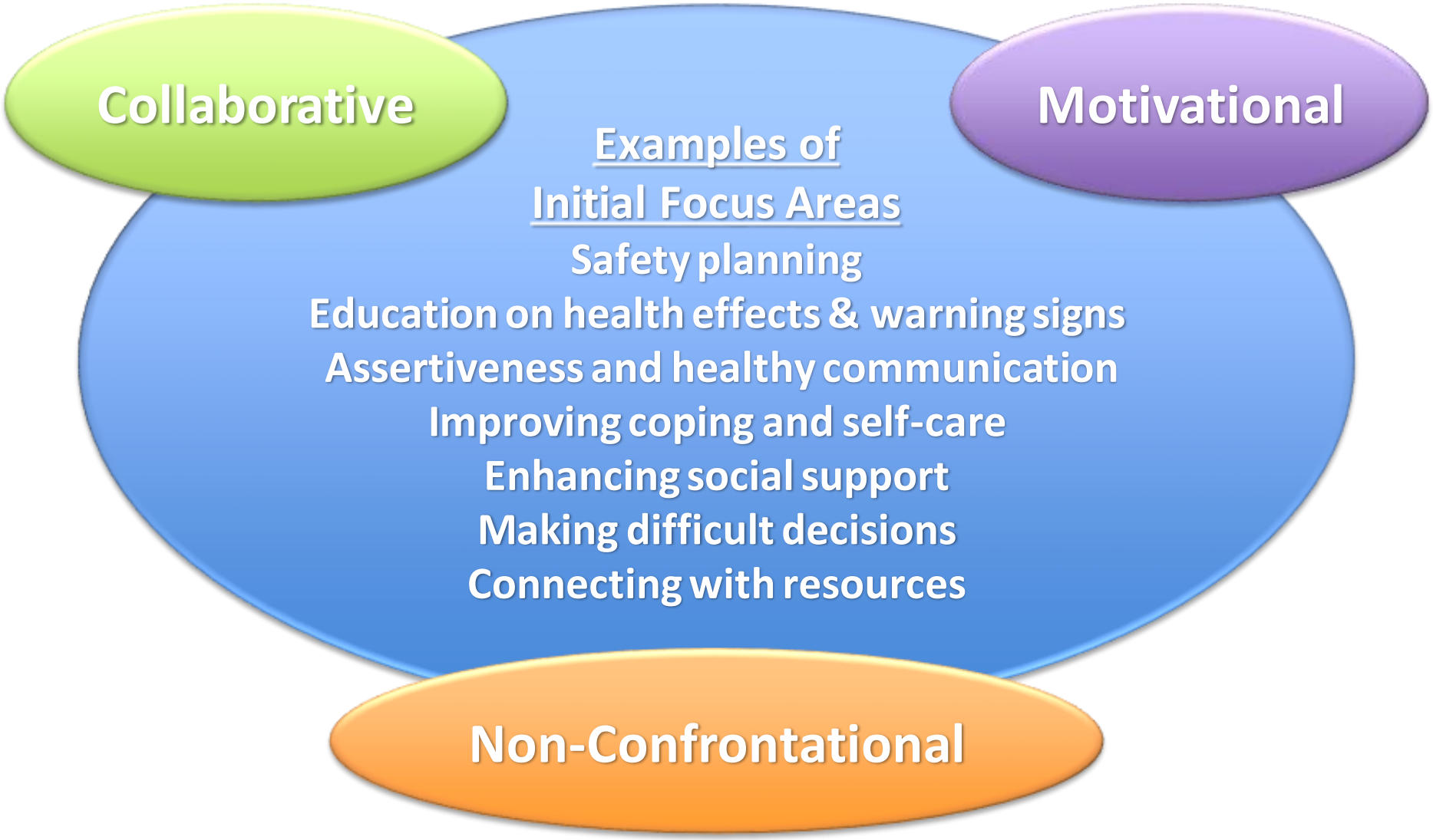
- **Do:**
  - Communicate concern and empathy in a non-judgmental and supportive manner – show genuine warmth through your words, tone, and body language
  - Validate the client's emotional experiences, which are probably mixed
  - Assure client that there are multiple options, that you will help them figure out the best course of action, and that you're not going to push them toward any particular action – respect their autonomy
  - Conduct detailed assessment and normalize client's reactions
- **Don't:**
  - Sound the alarms – maintain your calm and focus on their needs
  - Ask "why" your client doesn't leave or why they haven't taken action
  - Tell them what plans/actions they should take.

CLIENT AND CHILD RISK ASSESSMENT

- Assess factors that increase danger/risk:
  - Escalation of aggression/violence
  - Children witness the IPV or are victims
  - Gun in the home and its security
  - Partner unemployed
  - Partner has problematic substance use
  - Partner is suicidal or has severe mental health condition
  - Partner controls or limits daily activities
- Danger Assessment (see slide 25)
- Suicidal ideation/intent/plan/means

How can clinicians effectively provide support and intervention to clients who disclose IPV?

IPV INTERVENTION FOCUS AREAS & STANCE



MOTIVATIONAL INTERVIEWING (MI)

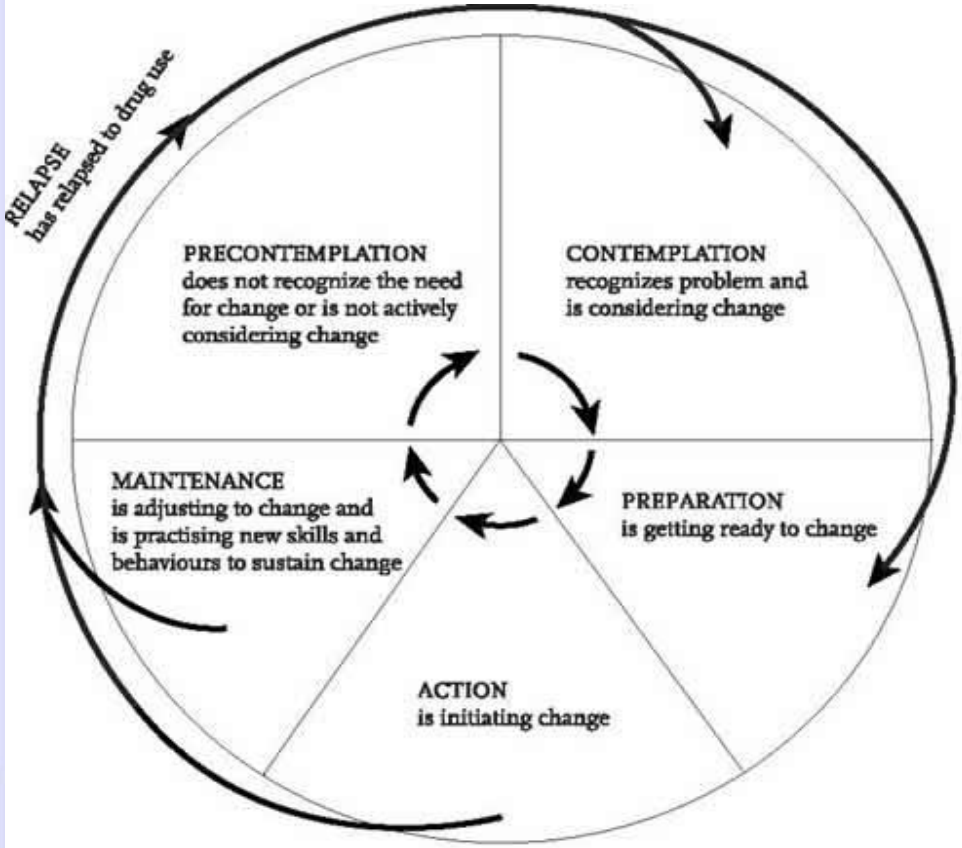
What is MI? "A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." (Miller & Rollnick, 2012).

There are 4 principles to MI, known as RULE.

- **Resist Directing:** You are not telling the client what to do. You will roll with resistance in learning the client's values and what is important to them.
- **Understand your client's motivations:** Develop discrepancy in clients' statements to increase motivation by helping them see that there is a disconnect between their values and behaviors.
- **Listen to your client:** Let your client know he/she is being heard without judgement or criticism. Express empathy.
- **Empower your patient:** Encourage the client to believe that he/she can be successful in changing. Act as a guide towards change by building confidence in your client.

MI TO ASSESS READINESS TO ADDRESS IPV

Ambivalence and
Readiness to Address IPV



Adapted from Prochaska & DiClemente (1982)

AMBIVALENCE AND READINESS

- Examples of ambivalence
  - A clients wants to share with friends about their experiences of IPV but also still wants his/her friends to like him
  - A client appreciates her partner for how good of a parent he is while also being hurt by his condescending and controlling behavior
  - A client would like to separate from an abusive partner but is concerned the partner does not have alternative safe housing during COVID-19
- Explore IPV and thoughts about making change by eliciting change talk:
  - Ask evocative questions – *"I wonder if…"*
  - Ask for elaboration and examples – *"How so?"* and "*Like what?*"
  - Look back – *"Were there other times when…"*
  - Look forward – *"How do you think this will…"*
  - Query extremes – *"What's the worst…"*
  - Use change rulers – *"On a scale of 1 to 10"*
  - Explore goals/values – *"How would you like…"*

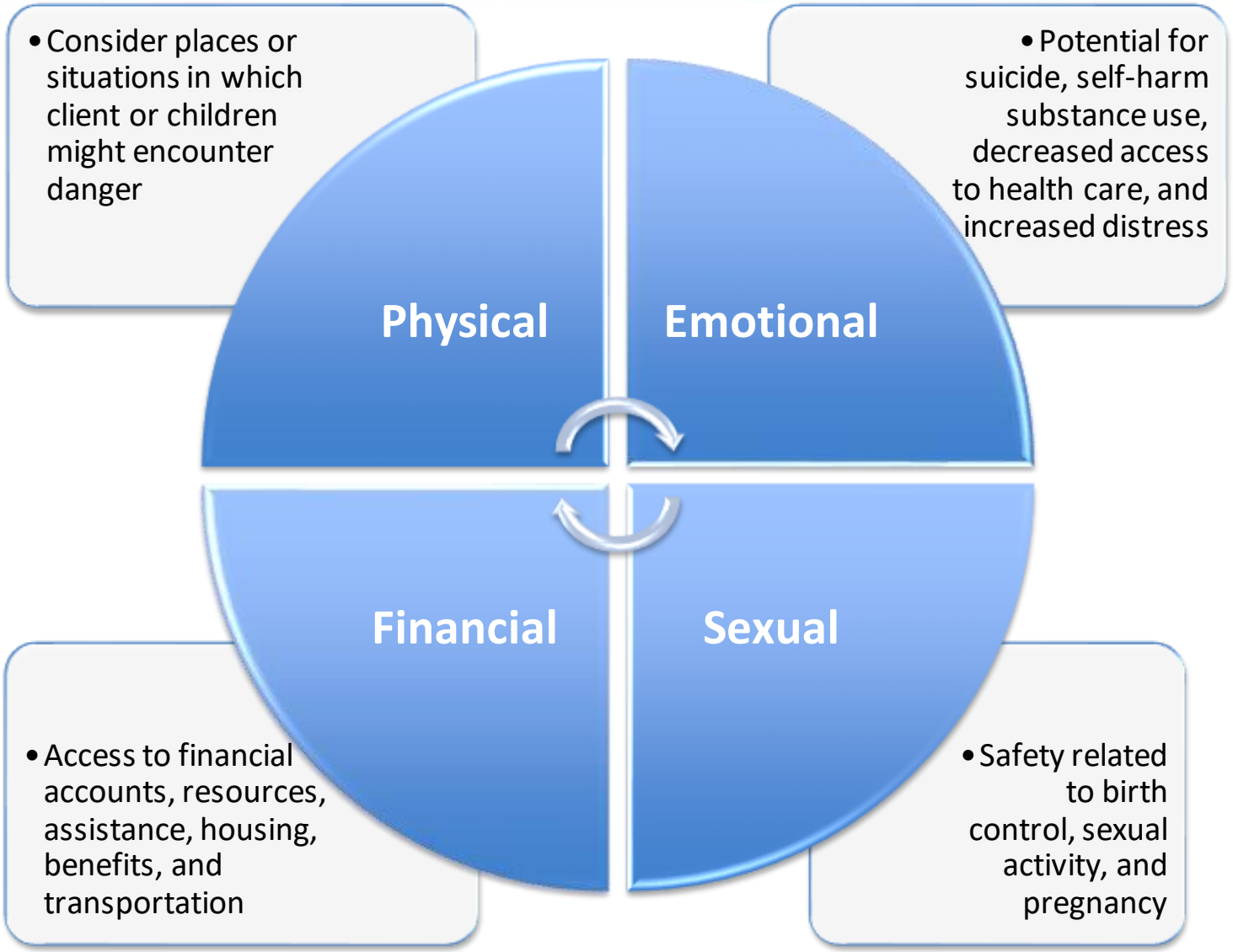
SAFETY PLANNING

- A collaborative problem-solving process tailored to a person's situation, preferences and resources.
  - An individualized and flexible plan that a person develops to reduce risks a client and their children face.
  - A way of thinking about maximizing safety in different situations.
- A harm-reduction strategy that a person can adjust as their situation, preferences, and resources change.

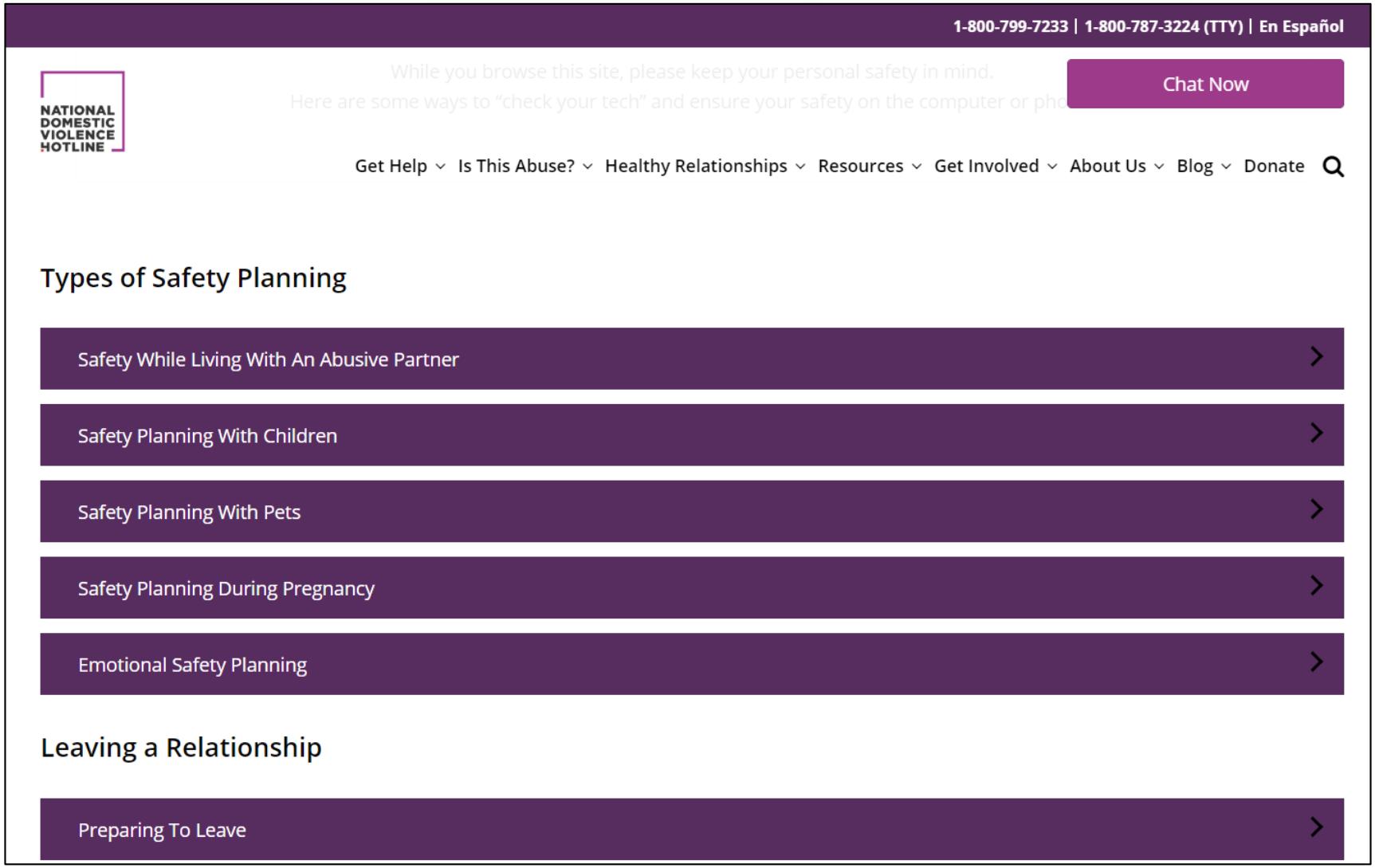
Safety Planning complications in COVID-19 context:

- Normal means (financial and social) may have shifted.
- Those planning to leave may not be able to amidst the restrictions.
- Loss of job/income/insurance/etc. may prevent leaving even after restrictions loosen.
- Courts, legal processes, protective orders may be slowed.
- Shelters may be full or may even stop intakes altogether.
- Fear of entering shelter because of being in close quarters with groups of people.
- Those who are older or have underlying health conditions may be at increased risk in public places where they would typically get support (e.g. shelters and courthouses).
- Travel restrictions may impact a survivor's escape or safety plan.

SAFETY PLANNING DOMAINS



SAFETY PLANNING TOOLS



https://www.thehotline.org/help/path-to-safety/

SAFETY PLANNING TOOLS

myPlan is a tool to assist people to identify and make safety decisions about an unsafe relationship, and to help friends support someone who may be experiencing IPV.

myPlanApp.org

ADDITIONAL TREATMENT THEMES

- Coping skills and emotion regulation skills
- Communication and assertiveness
- Stress management and self-care
- Other mental health problems and psychological distress
- Social support
- Self-efficacy
- Self-esteem
- Shame, guilt, and regret
- Trust, intimacy, and boundaries
- Revictimization

Adjustments to COVID-19 restrictions, lifestyle adjustments, health anxiety, parenting, homeschooling, etc.

EVIDENCE-BASED TREATMENT

PTSD secondary to IPV

- Front-line trauma-focused treatments
  - CPT, PE, and EMDR
- Cognitive Trauma Therapy for Battered Women
  - CTT-BW: Kubany et al. 2004
- Helping Overcome PTSD through Empowerment
  - HOPE: Johnson et al. 2011; Johnson et al. 2016

Safety planning should be interwoven into assessment and treatment plan with women currently involved in an IPV situation or at risk from a past partner

COVID-19 CHALLENGES

- Additional competing priorities
  - Childcare needs may interfere with continuity of care
  - Clients may be losing healthcare or be unable to make co-pays
  - May feel pressure to justify the sessions to their partner
- Telehealth considerations
  - Privacy limitations for clients doing telehealth from home
  - May be less able to notice emotional and physical signs of IPV
  - Can be uncomfortable to want to ask more about IPV but not be able to when you can't assure physical/emotional safety
  - Technology problems can interfere with warmth and rapport
- Service reductions and referral complications
  - Some of your typical referrals may be unavailable
  - Higher levels of care may be operating differently
  - Support groups may not be meeting

How can you learn more, and what resources can you provide for your clients impacted by IPV?

IPV RESOURCES FOR CLINICIANS

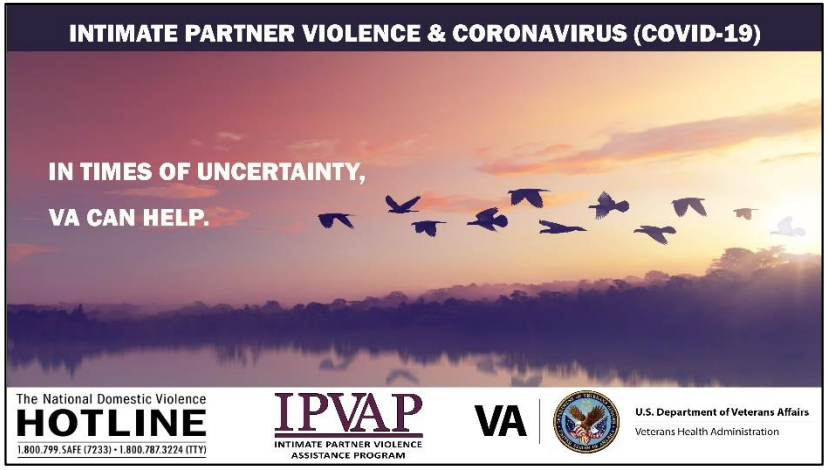
- **Futures without Violence**: **http://www.futureswithoutviolence.org/**
- **Danger Assessment Inventory: http://www.dangerassessment.org/**
- **DomesticShelters.org** national online database of DV/IPV shelters, community based counseling and legal services: **https://www.domesticshelters.org/**
- **National Coalition Against Domestic Violence:** provides online safety planning tool and links to state coalitions: **http://www.ncadv.org/**
- **National Domestic Violence Hotline:** 1-800-799-7233 (SAFE) also lists contact information for State Coalitions and LGBT resources: **http://www.thehotline.org/**
- **Battered Women's Justice Project E-learning Course: http://www.bwjp.org/elearning_course.aspx**
- **Centers for Disease Control: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html**
- **National Center for PTSD:** Research Summary on Clinical Implications of Research on IPV Against Women **https://www.ptsd.va.gov/publications/rq_docs/V31N1.pdf**

IPV RESOURCES FOR CLIENTS

- **VHA IPV Assistance Program** facts, resources, safety planning guides**:** **https://www.socialwork.va.gov/IPV/Index.asp**
- **Futures without Violence**: **http://www.futureswithoutviolence.org/**
- **DomesticShelters.org** national online database of DV/IPV shelters, community based counseling and legal services: **https://www.domesticshelters.org/**
- **National Coalition Against Domestic Violence:** provides online safety planning tool and links to state coalitions: **http://www.ncadv.org/**
- **National Domestic Violence Hotline** 1-800-799-7233 (SAFE) also lists contact information for State Coalitions and LGBT resources: **http://www.thehotline.org/**
- **Centers for Disease Control:** **http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html**
- **National Center for PTSD:** provides information on recognizing IPV, health impacts, safety planning tips and resources: **https://www.ptsd.va.gov/understand/types/violence_ipv.asp**
- **National Center for PTSD:** PTSD Family Coach App **https://www.ptsd.va.gov/appvid/mobile/familycoach_app.asp**

COVID-19 SPECIFIC RESOURCES

- Workplaces Respond: Supporting Workers Experiencing Violence During the Pandemic
- NCADV: COVID-19 and Domestic Violence
- NNEDV: Resources on the Response to the Coronavirus (COVID-19)
- National Center for PTSD: Coronavirus (COVID-19): Resources for Managing Stress
- National Center for PTSD: COVID Coach Mobile App
- National IPV Assistance Program: Staying Safe During COVID-19 Fact Sheet



SHORT AND LONG-TERM BENEFITS

- Build stronger rapport
- Work on IPV and relationship distress in real time
- Improvements in mental health and social functioning
- Reduced risk for future abuse
- Increased access to support in the future
- Increased self-confidence
- Healthier and more supportive relationships

PTSD Consultation Program

FOR PROVIDERS WHO TREAT VETERANS

(866) 948-7880 or PTSDconsult@va.gov

Please enter your questions in the Q&A box and be sure to include your email address.

The lines are muted to avoid background noise.

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Employee Education System

VHA TRAIN

Welcome users of VHA TRAIN!

To obtain continuing education credit please return to www.vha.train.org after the lecture.

TRAIN help desk: VHATRAIN@va.gov

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CEU Process for users of VHA TRAIN (non-VA)

Registration—> Attendance —> Evaluation —> Certificate

Register in TRAIN.

Listen to the lecture.

Return to TRAIN for evaluation.

Follow the directions to print certificate.

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CEU Process (for VA employees)

Registration

Register in TMS.

Attendance

Join via TMS and listen to the lecture.

Posttest

NO POSTTEST

Posttest is no longer required for this lecture.

Evaluation

Return to TMS and complete evaluation.

Search "My Learning" to find it.

Certificate

Print certificate from "My History" section of TMS.

PTSD Consultation Program

We can help

HEALTHCARE PROVIDERS:

- Are you treating Veterans with PTSD? We can help
- Do you have questions about the mental health effects of the COVID-19 pandemic? We can help
- Are you looking for ways to care for yourself and your colleagues? We can help

PTSD

PTSDconsult@va.gov

866-948-7880

www.ptsd.va.gov/consult

PTSD Consultation Program

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UPCOMING TOPICS

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

July 15, 2020

Massed Treatment of PTSD

Cynthia Yamokoski, PhD

PLEASE NOTE : Topics are subject to change

In the coming months we plan to offer:

- *Racism, Racial Trauma and PTSD*
- *Cognitive-Behavioral Conjoint Therapy for PTSD*
- *Using CogSmart with Veterans with PTSD and Traumatic Brain Injury*
- *Treating Co-occurring PTSD and Pathological Anger*

For more information and to subscribe to announcements and reminders go to www.ptsd.va.gov/consult